

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">12 2 08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9 35</div> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input checked="" type="checkbox"/> Other <u>NTNC</u> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u>		
System Name: <u>7 CEDARS CASINO</u>		
Contact Person: <u>JEFF BECKER</u>		
Day Phone: () <u>681-4602</u>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLD Blyn Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>JEFF BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-06 WOMENS RESTROOM</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">S</div>		
<small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent </div> <div style="width:45%; text-align: right;"> <input checked="" type="checkbox"/> Satisfactory </div> </div>		
<div style="border: 2px solid red; padding: 10px; display: inline-block; font-size: 1.5em; font-weight: bold; color: red;"> RECEIVED DEC - 8 2008 </div>		
Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0		Date and Time Received: <u>12-2-08 1130 AM</u>
Date Analyzed: <u>12-2-08</u>		Date Reported: <u>12-3-08</u>
092 <u>11043</u> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <u>311</u>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">12 15 08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9 35</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <div style="font-size: 1.2em; font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.2em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.2em; font-family: cursive;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.2em; font-family: cursive;">681-4602</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.2em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.2em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.2em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.2em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em; font-family: cursive;">CA-06 WOMENS REST ROOM</div>		
Special instructions or comments: <div style="font-size: 1.2em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNC <input type="checkbox"/> Turbid culture <input type="checkbox"/> U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS
<div style="border: 2px solid red; padding: 10px; font-size: 2em; font-weight: bold; color: red; transform: rotate(-2deg); display: inline-block;"> RECEIVED DEC 23 2008 </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0 _ _		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">12-15-08 10:45 AM</div>
Date Analyzed: <div style="font-size: 1.2em; font-family: cursive;">12-15-08</div>		Date Reported: <div style="font-size: 1.2em; font-family: cursive;">12-16-08</div>
092 <div style="font-size: 1.2em; font-family: cursive;">11131</div> Sample Number (DOH number plus five digits)		Lab Use Only: <div style="font-size: 1.2em; font-family: cursive;">3H110</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">11 24 08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">8 : 42</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <div style="font-size: 1.5em; font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4602</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-03 MAIN-KITCHEN SINK</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-weight: bold;">S</div>	Public Systems must provide Source Number from (WFI)	
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; text-align: center; margin-top: 10px;"> <div style="font-size: 2em; font-family: cursive; color: red;">RECEIVED</div> <div style="font-size: 1.5em; font-family: cursive; color: red;">NOV 26 2008</div> </div> </div> </div>		
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <div style="font-size: 0.8em; font-weight: bold; color: red;">U.S. EPA REGION 10 OFFICE OF WATER</div> <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0 _ _		Date and Time Received:
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">11-24-08</div>		Date Reported: <div style="font-size: 1.5em; font-family: cursive;">11-25-08</div>
092 <div style="font-size: 1.5em; font-family: cursive;">11-965</div> Sample Number (DOH number plus five digits)		Lab Use Only: <div style="font-size: 1.5em; font-family: cursive;">JH11</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">11 / 4 / 08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">9:42</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <u>NTNC</u>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u> System Name: <u>7 CEDARS CASINO</u> Contact Person: <u>JEFF BECKER</u>		
Day Phone: () <u>681-4602</u>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLD Blyn Highway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-weight: bold;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-weight: bold;">CA-06 WOMENS RESTROOM</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-weight: bold;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
<div style="border: 2px solid red; padding: 10px; display: inline-block; font-size: 1.5em; font-weight: bold; color: red;"> RECEIVED NOV - 7 2008 U.S. EPA REGION 10 OFFICE OF WATER </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.		
Total Coliform _____ /100ml.		Fecal Coliform _____ /100ml.
Method Code: MICR- 2 7 2 0		Date and Time Received: <div style="font-size: 1.5em; font-weight: bold;">11-4-08 11:20 AM</div>
Date Analyzed: <u>11-4-08</u>		Date Reported: <u>11-5-08</u>
092 <u>10886</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>Bill</u>

108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/22/08 Month Day Year	Time Sample Collected 9:44 <input type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other NTNC					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO					
Contact Person: JEFF BECKER					
Day Phone: () 681-4602		Cell Phone: ()			
Eve. Phone: ()		FAX: ()			
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98582					
SAMPLE INFORMATION					
Sample collected by (name): VICKIE CARROLL					
Specific location where sample collected (address or sample site, and type of faucet): CA-05 CASINO BAR SINK					
Special instructions or comments: * BILL TO JAMESTOWN TRIBE					
Type of Sample (must check only one box of #1 through #4 listed below)					
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public Systems must provide Source Number from (WFI)</small>	S				
S					
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory			
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____					
<div style="border: 2px solid red; padding: 5px; text-align: center;">RECEIVED OCT 24 2008 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS</div>					
Bacterial Density Results: Plate Count Total Coliform _____ /100ml.		/ml. E.coli _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- 2 7 2 0		Date and Time Received: 10-22-08 11:15AM			
Date Analyzed: 10-22-08		Date Reported: 10-23-08 Lab Use Only: 3411			
092 Sample Number (DOH number plus five digits)					

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/6/08 Month Day Year	Time Sample Collected 9:54 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
---	---	--------------------------

Type of Water System (check only one box)

☐ Group A Public

☐ Private Household

☐ Group B Public

☒ Other **NTNC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE

1033 OLD Blyn Hiway

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name):

JEFF BECKER

Specific location where sample collected (address or sample site, and type of faucet):

CA-03 MAIN KITCHEN SINK

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes _____ No **X**

Chlorine Residual: Total _____ Free _____

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

2. ☐ Repeat Sample (follow-up to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number: _____

Unsatisfactory routine collect date: _____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

☒ Satisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

Test unsuitable because:

☒ TNT **OCT 10 2008**

☐ Turbid culture

☐ U.S. EPA REGION 10

Bacterial Density Results: Plate Count _____ /ml E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2 7 2 0

Date and Time Received:

10-6-08 11:35

Date Analyzed:

10-6-08

Date Reported:

10-7-08

Lab Use Only:

841

092 _____
Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 9/16/08 Month Day Year	Time Sample Collected 9:27 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
---	---	--------------------------

Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> Other NTNC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-06 WOMENS RESTROOM

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input checked="" type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR- 2 7 2 0** Date and Time Received: **9/16/08 10:30**

Date Analyzed: **9-16-08** Date Reported: **9-17-08**

092 **10543**
Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9/2/08	Time Sample Collected 9:14 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Month Day Year		

Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> Other NTNC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-05 CASINO BAR SERVICE SINK

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
--	---

<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	<div style="border: 2px solid red; padding: 5px; text-align: center;"> RECEIVED SEP - 5 2008 Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ </div>
---	--

Bacterial Density Results: Plate Count **U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHED** /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR- 2 7 2 0** Date and Time Received: **9/2/08 1055 Am**

Date Analyzed: **9-2-08** Date Reported: **9-3-08**

092 **10369** Lab Use Only: **26.1**

Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">8-29-08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">8:53</div> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input type="checkbox"/> Other <div style="font-size: 1.5em; font-family: cursive;">NTNC</div> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4602</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD BLYN HWY</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-03 MAIN KITCHEN SERVICE SINK</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <div style="font-size: 1.5em; font-family: cursive;">S</div> </div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<div style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold; font-size: 1.5em;"> RECEIVED </div> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS
Method Code: <div style="font-size: 1.5em; font-family: cursive;">MICR-2720</div>		Date and Time Received: <div style="font-size: 1.5em; font-family: cursive;">8-21-08 11:30 AM</div>
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">8-20-08</div>		Date Reported: <div style="font-size: 1.5em; font-family: cursive;">8-21-08</div>
092 Sample Number (DOH number plus five digits)		Lab Use Only: <div style="font-size: 1.5em; font-family: cursive;">BMM</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">8/4/08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:34</div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input type="checkbox"/> Other <div style="font-size: 1.2em; font-family: cursive;">NTNC</div> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4602</div>	Cell Phone: ()	
Eve. Phone: ()	FAX: ()	
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-06 WOMENS RESTROOM</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BRL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <div style="font-size: 1.5em; font-family: cursive;">X</div> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.5em; font-family: cursive;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent </div> <div style="width:45%;"> <input checked="" type="checkbox"/> Satisfactory </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div style="width:45%;"> <div style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold; font-size: 1.5em;"> RECEIVED </div> <div style="font-size: 1.5em; font-family: cursive; color: red;"> AUG 11 2008 </div> <div style="font-size: 0.8em; color: red;"> U.S. ENVIRONMENTAL PROTECTION AGENCY OFFICE OF WATER </div> </div> </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.5em; font-family: cursive;">MICR- 2 7 2 0</div>	Date and Time Received:	
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">8-4-08</div>	Date Reported: <div style="font-size: 1.5em; font-family: cursive;">11:26 AM</div>	
Sample Number (DOH number plus five digits) <div style="font-size: 1.5em; font-family: cursive;">092</div>	Lab Use Only: <div style="font-size: 1.5em; font-family: cursive;">8-5-08</div>	

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 7/14/08 Month Day Year	Time Sample Collected 9:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
---	---	--------------------------

Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> Other NTNC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEDUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name):
JEFF BECKER

Specific location where sample collected (address or sample site, and type of faucet):
CA-05 MAIN CASINO BAR SINK

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Provide information below.</p> <p>Chlorinated: Yes _____ No X</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</p> <p>Provide information below.</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____ / _____ / _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample</p> <p>Required for Surface Water, GWI, and some Spring Sources</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Public Systems must provide Source Number from (WFI)</p>	

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<p><input type="checkbox"/> Unsatisfactory</p> <p>Total Coliform Present and</p> <p><input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent</p> <p><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</p>	<p><input checked="" type="checkbox"/> Satisfactory</p>
--	---

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

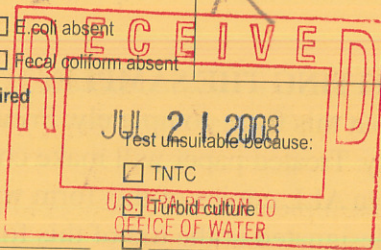
☐ Improper Container

☐ _____

Test unsuitable because:

☐ TNTC

☒ Turbid culture



Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR- 2 7 2 0**

Date Analyzed: **7-14-08**

Date and Time Received: **7-15-08**

Lab Use Only: **3**

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 7/1/08 Month Day Year	Time Sample Collected 10:17 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 CEDARS CASINO		
Contact Person: JEFF BECKER		
Day Phone: () 681-4602	Cell Phone: ()	
Eve. Phone: ()	FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hwy SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-03 MAIN KITCHEN SINK

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	

RECEIVED

JUL - 3 2008

Test unsuitable because:
☐ TNTC
☐ Turbid culture
☐ _____

U.S. EPA REGION 10 OFFICE OF WATER

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- 2 7 2 0	Date and Time Received: 7-1-08 11:45AM
Date Analyzed: 7-1-08	Date Reported: 7-2-08
Sample Number (DOH number plus five digits): 092 09705	Lab Use Only: B4410

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6/17/08 Month Day Year	Time Sample Collected 9:18 <input type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other NTNC					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6					
System Name: 7 CEDARS CASINO					
Contact Person: JEFF BECKER					
Day Phone: () 681-4602	Cell Phone: ()				
Eve. Phone: ()	FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hwy SEQUIM WA 98382					
SAMPLE INFORMATION					
Sample collected by (name): JEFF BECKER					
Specific location where sample collected (address or sample site, and type of faucet): CA-06 WOMENS RESTROOM					
Special instructions or comments: * BILL TO JAMESTOWN TRIBE					
Type of Sample (must check only one box of #1 through #4 listed below)					
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public Systems must provide Source Number from (WFI)</small>	S				
S					
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory			
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/>		<div style="border: 2px solid red; padding: 10px; text-align: center;">RECEIVED JUN 23 2008 U.S. EPA REGION 10 OFFICE OF WATER</div>			
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.					
Method Code: MICR-2720		Date and Time Received: 6/17/08 6:48 PM			
Date Analyzed: 6-17-08		Date Reported: 6/17/08			
092		Lab Use Only: 311			

Sample Number (DOH number plus five digits)
DOH Form #331-319 (revised 8/05)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">6 2 08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">9 20</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <div style="font-size: 1.2em;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-weight: bold;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.2em;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.2em;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.2em;">681-4602</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.2em;">JAMESTOWN TRIBE</div> <div style="font-size: 1.2em;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.2em;">SEQUIM WA. 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.2em;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em;">CA-05 MAIN BAR SINK</div>		
Special instructions or comments: <div style="font-size: 1.2em;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <div style="font-size: 1.2em;">X</div> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">S</div>		
<small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input type="checkbox"/> Test unsuitable because <input type="checkbox"/> NTNC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
<div style="border: 2px solid red; padding: 10px; font-weight: bold; font-size: 1.5em; color: red;"> RECEIVED JUN 6 2008 U.S. EPA REGION 10 OFFICE OF WATER </div>		
Bacterial Density Results: Plate Count <div style="font-size: 1.2em;">NTNC</div> /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.2em;">MICR- 2 7 2 0 _ _</div>		Date and Time Received: <div style="font-size: 1.2em;">6/2/08 1145AM</div>
Date Analyzed: <div style="font-size: 1.2em;">6-2-08</div>		Date Reported: <div style="font-size: 1.2em;">6-3-08</div>
092 <div style="font-size: 1.2em;">800109440</div> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <div style="font-size: 1.2em;">BWP</div>

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 5 19 08 Month Day Year	Time Sample Collected 9 02 A <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 CEDARS CASINO		
Contact Person: JEFF BECKER		
Day Phone: () 681-4602		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD BLYN H.WAY SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name):

JEFF BECKER

Specific location where sample collected (address or sample site, and type of faucet):

CA-03 MAIN KITCHEN SINK

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes _____ No ☒

Chlorine Residual: Total _____ Free _____

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

2. ☐ Repeat Sample (follow-up to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number: _____

Unsatisfactory routine collect date: _____/_____/_____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

MAY 27 2008

Test unsuitable because:

☐ TNC

☐ Turbid culture

☐

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2 7 2 0

Date and Time Received:

Date Analyzed:

5-19-08

Date Reported:

5-20-08

092

Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

Lab Use Only:

BH

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/8/08 Month Day Year	Time Sample Collected 10:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	--	--------------------------

Type of Water System (check only one box)

☐ Group A Public ☐ Private Household

☐ Group B Public ☐ Other **NTNC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):

CA-03 MAIN KITCHEN SINK

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Provide information below.
Chlorinated: Yes _____ No **X**
Chlorine Residual: Total _____ Free _____

2. ☐ **Repeat Sample (follow-up to an unsatisfactory sample)**
Provide information below.
Unsatisfactory routine lab number: _____
Unsatisfactory routine collect date: _____/_____/_____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total _____ Free _____

3. ☐ **Raw Water Source Sample**
Required for Surface Water, GWI, and some Spring Sources

S ☐ ☐ ☐

Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and

☐ E.coli present ☐ E.coli absent

☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Replacement Sample Required**

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐ _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR- 2720**

Date and Time Received: **5-8-08 11:40 AM**

Date Analyzed: **5-8-08**

Date Reported: **5-9-08**

Lab Use Only: **3MP**

092 **69084**

Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 4/23/08 Month Day Year	Time Sample Collected 9:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 CEDARS CASINO		
Contact Person: JEFF BECKER		
Day Phone: () 681-9602	Cell Phone: ()	
Eve. Phone: ()	FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE ATTN: JEFF BECKER 1033 OLD Blyn Highway SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-05 CASINO BAR SINK

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only

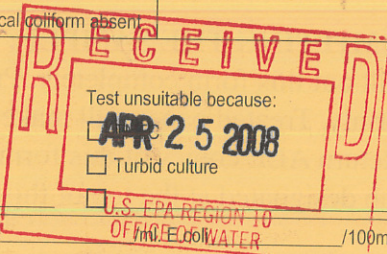
Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/>	



Bacterial Density Results: Plate Count
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR- 2 7 2 0** Date and Time Received: **4/23/08 10:05**

Date Analyzed: **4-23-08** Date Reported: **4-24-08**

092 Lab Use Only: **Bull**

Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">4/1/08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:36</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input type="checkbox"/> Other <u>NTNC</u> </div> </div> <div style="text-align: right; font-size: 1.5em; font-family: cursive;">108</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u>		
System Name: <u>SEVEN CEDARS CASINO</u>		
Contact Person: <u>JEFF BECKER</u>		
Day Phone: () <u>681-4602</u>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">ATTN: JEFF BECKER</div> <u>JAMESTOWN TRIBE</u> <u>1033 OLD Blyn Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>JEFF BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-03 main kitchen sink</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.2em; font-family: cursive;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbidity <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0 _ _		Date and Time Received:
Date Analyzed: <u>4-1-08</u>		Date Reported: <u>4-2-08</u>
092 <u>08780</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>BW</u>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">318,08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9 41</div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input checked="" type="checkbox"/> Other <div style="font-size: 1.2em; font-family: cursive;">NTNC</div> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">T H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4602</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-06 WOMENS RESTROOM</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <div style="font-size: 1.5em; font-family: cursive;">X</div> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; margin-top: 20px; text-align: center;"> <div style="font-size: 2em; font-family: cursive; color: red; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; color: black; margin-top: 5px;">MAR 21 2008</div> <div style="font-size: 0.8em; color: red; margin-top: 5px;">U.S. EPA REGION 10 OFFICE OF WATER</div> </div>
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.2em; font-family: cursive;">MICR- 2720</div>		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">3-18-08 11:26AM</div>
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">3-18-08</div>		Date Reported: <div style="font-size: 1.5em; font-family: cursive;">3-19-08</div>
092 <div style="font-size: 1.5em; font-family: cursive;">09730</div> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <div style="font-size: 1.5em; font-family: cursive;">BULL</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 3/4/08 Month Day Year	Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	---	--------------------------

Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input checked="" type="checkbox"/> Other NTWC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person:

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE **ATTN: JEFF BECKER**

1033 OLD Blyn Hiway

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-05 MAIN BAR SINK

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Provide information below.

Chlorinated: Yes ☐ No ☒

Chlorine Residual: Total ☐ Free ☐

2. ☐ **Repeat Sample (follow-up to an unsatisfactory sample)**
Provide information below.

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

3. ☐ **Raw Water Source Sample**
Required for Surface Water, GWI, and some Spring Sources

4. ☐ **Sample Collected for Information Only**

Construction ☐ Repairs ☐ Private Residence ☐ Other ☐

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** ☒ **Satisfactory**

Total Coliform Present and

☐ E.coli present ☐ E.coli absent

☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Replacement Sample Required**

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

Test unsuitable because:

☐ TNTC

☐ Turbid culture

☐

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.

Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: **MICR-2720**

Date and Time Received: **3-4-08 11:26 AM**

Date Analyzed: **3-4-08**

Date Reported: **3-5-08**

Lab Use Only: **BMH**

092 **08641**

Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>2/19/08</u> Month Day Year	Time Sample Collected <u>10:11</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>CLALLAM</u>
---	--	--------------------------

Type of Water System (check only one box)

☒ Group A Public ☐ Private Household
☐ Group B Public ☐ Other NTNC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# I H 3 8 2 6

System Name: 7 CEDARS CASINO

Contact Person: JEFF BECKER

Day Phone: () 681-4602 Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
JAMESTOWN TRIBE ATTN: JEFF BECKER
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): JEFF BECKER

Specific location where sample collected (address or sample site, and type of faucet):
CH-03 MAIN KITCHEN SINK

Special instructions or comments:
* BILL TO JAMESTOWN TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources</p> <p><u>S</u> <u> </u> <u> </u> <u> </u></p> <p>Public Systems must provide Source Number from (WFI)</p>	

4. ☐ **Sample Collected for Information Only**
Construction _____ Repairs _____ Private Residence _____ Other _____

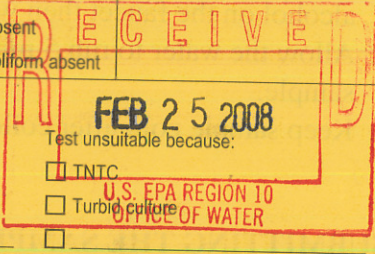
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E.coli present	<input type="checkbox"/> E.coli absent
<input type="checkbox"/> Fecal coliform present	<input type="checkbox"/> Fecal coliform absent

☐ **Replacement Sample Required**

Sample not tested because:

☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____



Bacterial Density Results: Plate Count _____/ml. E.coli _____/100ml.
Total Coliform _____/100ml. Fecal Coliform _____/100ml.

Method Code: MICR- 2 7 2 0 _ _ Date and Time Received: _____

Date Analyzed: 2-19-08 Date Reported: 2-20-08

092 8567 Lab Use Only: 3min

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 2, 5, 08 Month Day Year	Time Sample Collected 9:57 <input type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other NTWC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 CEDARS CASINO		
Contact Person: JEFF BECKER		
Day Phone: () 681-4602	Cell Phone: ()	
Eve. Phone: ()	FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE ATTN: JEFF BECKER 1033 OLD Blyn Hiway SEASIDE WA 98382		

SAMPLE INFORMATION

Sample collected by (name): JEFF BECKER
Specific location where sample collected (address or sample site, and type of faucet): CA-06 WOMENS RESTROOM
Special instructions or comments: * BILL TO JAMESTOWN TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)	
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only

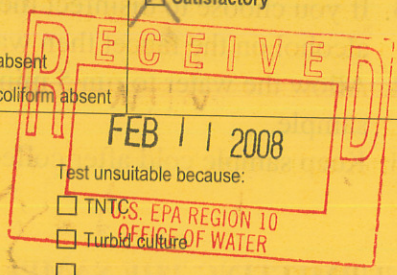
Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E.coli present	<input type="checkbox"/> E.coli absent
<input type="checkbox"/> Fecal coliform present	<input type="checkbox"/> Fecal coliform absent
<input type="checkbox"/> Replacement Sample Required	
Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____	
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.	
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	
Method Code: MICR- 2 7 2 0	Date and Time Received: 2-5-08 11:40
Date Analyzed: 2-5-08	Date Reported: 2-6-08
092	Lab Use Only: BH1
Sample Number (DOH number plus five digits)	



Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">1/14/08</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:45</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <div style="font-size: 1.5em; font-family: cursive;">MTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4602</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-05 CASINO BAR SERVICE SINK</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <div style="font-size: 1.5em; font-family: cursive;">X</div> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.5em; font-family: cursive;">S</div> <small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent </div> <div style="width: 45%; text-align: center;"> <input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; font-size: 2em; font-weight: bold; color: red; margin: 10px 0;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; color: red;">JAN 22 2008</div> <div style="font-size: 0.8em; color: red;">U.S. EPA REGION 10 LABORATORY OF WATER</div> </div> </div>		
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbidity culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0 _ _		Date and Time Received:
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">1-14-08</div>		Date Reported: <div style="font-size: 1.5em; font-family: cursive;">1-15-08</div>
092 _____ <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <div style="font-size: 1.5em; font-family: cursive;">B611</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1 2, 08 Month Day Year	Time Sample Collected 10:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 0		
System Name: 7 CEDARS CASINO		
Contact Person: JEFF BECKER		
Day Phone: () 681-4602	Cell Phone: ()	
Eve. Phone: ()	FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hwy SEQUIM WA 98382 ATTN: JEFF BECKER		

SAMPLE INFORMATION

Sample collected by (name): JEFF BECKER
Specific location where sample collected (address or sample site, and type of faucet): CA-03 MAIN KITCHEN SINK
Special instructions or comments: * BILL TO JAMESTOWN TRIBE
Type of Sample (must check only one box of #1 through #4 listed below)
<div> 1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____ </div> <div> 2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____ </div>
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div> <div>S</div> <div></div> <div></div> </div> Public Systems must provide Source Number from (WFI)
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

<input checked="" type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	<input type="checkbox"/> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	
Method Code: MICR- 2 7 2 0	Date and Time Received:
Date Analyzed: 1-2-08	Date Reported: 1-5-08
092 082160 Sample Number (DOH number plus five digits)	Lab Use Only: Bmt

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/18/07 Month Day Year	Time Sample Collected 9:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	---	--------------------------

Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input type="checkbox"/> Other NTWC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
JEFF BECKER
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-06 WOMENS WASHROOM

Special instructions or comments:
*** BUILT TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Provide information below.</p> <p>Chlorinated: Yes _____ No X</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</p> <p>Provide information below.</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____ / _____ / _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample</p> <p>Required for Surface Water, GWI, and some Spring Sources</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Public Systems must provide Source Number from (WFI)</p>	

4. ☐ **Sample Collected for Information Only**

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<p><input type="checkbox"/> Unsatisfactory</p> <p>Total Coliform Present and</p> <p><input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent</p> <p><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</p>	<p><input checked="" type="checkbox"/> Satisfactory</p>
---	--

☐ **Replacement Sample Required**

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐ _____

Test unsuitable because:

☐ Turbid culture

☐ _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR- 2 7 2 0 _ _**

Date and Time Received: _____

Date Analyzed: **12-18-07**

Date Reported: **12-19-07**

Lab Use Only: **8441**

Sample Number (DOH number plus five digits): **092**

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">11 20 07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">8 : 59</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <div style="font-size: 1.5em; font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">T H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">MATT ADAMS</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4665</div>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">MATT ADAMS</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">J BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-03 KITCHEN SEVICE SINK</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold; font-size: 1.2em;">S</div>	Public Systems must provide Source Number from (WFI)	
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory <input checked="" type="checkbox"/> Satisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		
<input type="checkbox"/> Replacement Sample Required Sample not tested because: Test unsuitable because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.2em; font-family: cursive;">MICR- 2 7 2 0</div>		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">11-20-07 9:41 AM</div>
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">11-20-07</div>		Date Reported: <div style="font-size: 1.5em; font-family: cursive;">11-21-07</div>
092 Sample Number (DOH number plus five digits)		Lab Use Only: <div style="font-size: 1.5em; font-family: cursive;">3ml</div>

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 11/8/07 Month Day Year	Time Sample Collected 9:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	--	-------------------

Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input checked="" type="checkbox"/> Other <u>NTNC</u>

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# I H 3 8 2 6

System Name: 7 CEDARS CASINO

Contact Person: MATT ADAMS

Day Phone: () 681-4635 Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
MATT ADAMS
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): J BECKER

Specific location where sample collected (address or sample site, and type of faucet):
CA-06 WOMENS RESTROOM

Special instructions or comments:
* BILL TO JAMESTOWN TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____</p> <p>3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources</p> <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <p>Public Systems must provide Source Number from (WFI)</p>	S			<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>
S				

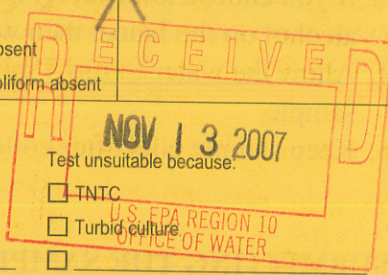
4. ☐ **Sample Collected for Information Only**
Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
--	---

☐ **Replacement Sample Required**
Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper Container
☐ _____

Test unsuitable because:
☐ TNTC
☐ Turbid culture
☐ _____



Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- 2 7 2 0 Date and Time Received:

Date Analyzed: 11-8-07 Date Reported: 11-10-AM

092 Lab Use Only: 11-9-07
Sample Number (DOH number plus five digits) BMP

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

dup

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/3/07 Month Day Year	Time Sample Collected 10:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H B 8 2 6		
System Name: 7 CEDARS CASINO		
Contact Person: MATT ADAMS		
Day Phone: () 681-4665		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) MATT ADAMS 1033 OLD Blyn Hiway SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name): J BECKER	
Specific location where sample collected (address or sample site, and type of faucet): CA-03 main KITCHEN SINK	
Special instructions or comments: * BILL TO JAMESTOWN TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)	
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block;">S</div>	
Public Systems must provide Source Number from (WFI)	

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; text-align: center;"> RECEIVED OCT 12 2007 U.S. EPA REGION 10 OFFICE OF WATER </div>
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.	
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	
Method Code: MICR- 2 7 2 0	Date and Time Received: 10/3/07 11:45
Date Analyzed: 10-3-07	Date Reported: 10-4-07
092 07577 Sample Number (DOH number plus five digits)	Lab Use Only: BMK

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/3/07	Time Sample Collected 10:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO Contact Person: MATT ADAMS Day Phone: () 681-4665 Cell Phone: () Eve. Phone: () FAX: () Send results to: (Print full name, address and zip code) MATT ADAMS 1033 OLD Blyn Hiway SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name): J BECKER
Specific location where sample collected (address or sample site, and type of faucet): CA-03 MAIN KITCHEN SINK
Special instructions or comments: * BILL TO JAMESTOWN TRIBE
Type of Sample (must check only one box of #1 through #4 listed below)
<div> 1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____ </div> <div> 2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____ </div>
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div> <div>S</div> <div></div> <div></div> <div></div> </div> Public Systems must provide Source Number from (WFI)
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Satisfactory <div> <div>RECEIVED</div> <div>OCT 9 2007</div> </div> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	Date and Time Received: _____ Date Analyzed: 10-3-07 Date Reported: 10-4-07 Lab Use Only: BMP
Sample Number (DOH number plus five digits) 09207577	

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

208

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9/18/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:33</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <div style="font-size: 1.2em; font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.2em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.2em; font-family: cursive;">MATT ADAMS</div>		
Day Phone: (<div style="font-size: 1.2em; font-family: cursive;">360 681-4665</div>)		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.2em; font-family: cursive;">MATT ADAMS</div> <div style="font-size: 1.2em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.2em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">J BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em; font-family: cursive;">CA-06 WOMENS WASHROOM</div>		
Special instructions or comments: <div style="font-size: 1.2em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-family: cursive;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
<div style="border: 2px solid red; padding: 10px; display: inline-block; font-size: 1.5em; font-family: cursive; color: red;"> RECEIVED OCT 4 2007 U.S. EPA REGION 10 OFFICE OF WATER </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.2em; font-family: cursive;">MICR-2720</div>		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">9/18/07 1035am</div>
Date Analyzed: <div style="font-size: 1.2em; font-family: cursive;">9-18-07</div>		Date Reported: <div style="font-size: 1.2em; font-family: cursive;">9-19-07</div>
092 <div style="font-size: 1.5em; font-family: cursive;">07445</div>		Lab Use Only: <div style="font-size: 1.2em; font-family: cursive;">BMD</div>
Sample Number (DOH number plus five digits)		

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 9/4/07 Month Day Year	Time Sample Collected 11:04 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	--	--------------------------

Type of Water System (check only one box)

☒ Group A Public ☐ Private Household
☐ Group B Public ☐ Other **NTNC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **MATT ADAMS**

Day Phone: (**360**) **681-4665** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
MATT ADAMS

1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **J BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-05 MAIN KITCHEN SINK

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No X Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

4. ☐ **Sample Collected for Information Only**
Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<p><input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</p>	<p><input checked="" type="checkbox"/> Satisfactory</p>
<p><input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____</p>	<p>Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____</p>

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: **MICR-2720** Date and Time Received: **9-4-07 12:36pm**

Date Analyzed: **9-4-07** Date Reported: **9-5-07**

092 **67345** Lab Use Only: **3ml**

Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/16/07 Month Day Year	Time Sample Collected 8:51 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
---	---	--------------------------

Type of Water System (check only one box)

☒ Group A Public

☐ Private Household

☐ Group B Public

☐ Other

NTNC

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **VICKIE CARROLL**

Day Phone: () **681-4659** Cell Phone: ()

Eve. Phone: () **582-9049** FAX: ()

Send results to: (Print full name, address and zip code)

VICKIE CARROLL

1033 OLD Blyn Hiway

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **J. BECKER**

Specific location where sample collected (address or sample site, and type of faucet):

CA-03 MAIN KITCHEN SINK

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes _____ No ☒

Chlorine Residual: Total _____ Free _____

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

2. ☐ Repeat Sample (follow-up to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number: _____

Unsatisfactory routine collect date: _____/_____/_____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐ _____

Test unsuitable because:

☐ TNTC

☐ Turbid culture

☐ _____

Bacterial Density Results: Plate Count _____/ml. E.coli _____/100ml.

Total Coliform _____/100ml. Fecal Coliform _____/100ml.

Method Code:

MICR- 2 7 2 0

Date and Time Received:

8-16-07 9:45AM

Date Analyzed:

8-16-07

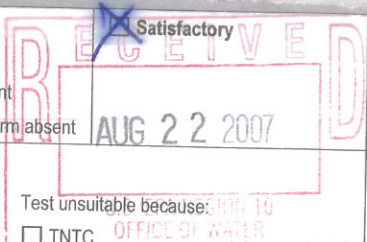
Date Reported:

8-17-07

092 07132

Sample Number (DOH number plus five digits)

Lab Use Only: **BMP**



Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">8/1/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:50</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <div style="font-size: 1.2em; font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.2em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.2em; font-family: cursive;">VICKIE CARROLL</div>		
Day Phone: () <div style="font-size: 1.2em; font-family: cursive;">681-4659</div>		Cell Phone: ()
Eve. Phone: () <div style="font-size: 1.2em; font-family: cursive;">582-9049</div>		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.2em; font-family: cursive;">VICKIE CARROLL</div> <div style="font-size: 1.2em; font-family: cursive;">1033 OLO Blyn Hiway</div> <div style="font-size: 1.2em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JBECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em; font-family: cursive;">CA-06 WOMENS WASHROOM</div>		
Special instructions or comments: <div style="font-size: 1.2em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: <div style="font-size: 1.2em; font-family: cursive;">AUG / 3 2007</div> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-family: cursive;">S</div>	<div style="border: 2px solid red; padding: 5px; text-align: center; color: red; font-weight: bold; font-size: 1.5em;">RECEIVED</div> <div style="text-align: center; font-size: 0.8em; color: red;">U.S. EPA REGION 10 OFFICE OF WATER</div>	
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div style="width: 45%;"> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ </div> </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.2em; font-family: cursive;">MICR- 2 7 2 0 _ _</div>		Date and Time Received: <div style="font-size: 1.5em; font-family: cursive;">8-1-07 1:25</div>
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">8-1-07</div>		Date Reported: <div style="font-size: 1.2em; font-family: cursive;">8-2-07</div>
092 <div style="font-size: 1.5em; font-family: cursive;">06989</div> Sample Number (DOH number plus five digits)		Lab Use Only: <div style="font-size: 1.2em; font-family: cursive;">Dhm</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 7 17 07 Month Day Year	Time Sample Collected 8:58 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
---	--	--------------------------

Type of Water System (check only one box)

☒ Group A Public

☐ Private Household

☐ Group B Public

☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **VICKIE CARROLL**

Day Phone: () **681-4659** Cell Phone: ()

Eve. Phone: () **582-9049** FAX: ()

Send results to: (Print full name, address and zip code)

VICKIE CARROLL

1033 OLD Blyn Hiway

SEASIDE WA 98382

SAMPLE INFORMATION

Sample collected by (name): **J BECKER**

Specific location where sample collected (address or sample site, and type of faucet):

CA-05 main BAR SINK

Special instructions or comments:

*** BILL TO JAMESTOWN SKALLAM TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes _____ No ☒

Chlorine Residual: Total _____ Free _____

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

2. ☐ Repeat Sample (follow-up

to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number: _____

Unsatisfactory routine collect date: _____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐ _____

☒ Satisfactory

JUL 25 2007

Test unsuitable because:

☐ TNTC

☐ Turbid culture

☐ _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2 7 2 0

Date and Time Received:

7-17-07 10:00AM

Date Analyzed: **7-17-07**

Date Reported: **7-18-07**

092 06789

Sample Number (DOH number plus five digits)

Lab Use Only: **BMD**

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">7/9/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">10:05</div> <div style="display: flex; justify-content: flex-end;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input type="checkbox"/> Other <u>NTNC</u> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u>		
System Name: <u>SEVEN CEDARS CASINO</u>		
Contact Person: <u>VICKIE CARROLL</u>		
Day Phone: () <u>681-4659</u>		Cell Phone: ()
Eve. Phone: () <u>582-9049</u>		FAX: ()
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD Blyn Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>J BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-03 MAIN KITCHEN SERVICE SINK</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN SKLALLAM TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: <u>JUL 13 2007</u> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <u>S</u> </div>	<div style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 13 2007 OFFICE OF WATER </div>	
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required <div style="display: flex; justify-content: space-between;"> <div> Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ </div> </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <u>MICR- 2 7 2 0</u>		Date and Time Received: <u>7-9-07 11:35 AM</u>
Date Analyzed: <u>7-9-07</u>		Date Reported: <u>7-10-07</u>
<u>092 06715</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>DMP</u>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">6 20 07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9 : 36</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <div style="font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDAR CASINO</div>		
Contact Person: <div style="font-size: 1.5em; font-family: cursive;">VICKIE CARROLL</div>		
Day Phone: () <div style="font-size: 1.5em; font-family: cursive;">681-4659</div>		Cell Phone: ()
Eve. Phone: () <div style="font-size: 1.5em; font-family: cursive;">582-9049</div>		FAX: ()
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">VICKIE CARROLL</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hiway</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">J BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-06 WOMENS WASHROOM</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: cursive; font-size: 1.2em;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent </div> <div style="width: 45%; text-align: center;"> <input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; font-size: 1.5em; font-family: cursive; color: red;"> RECEIVED JUL - 2 2007 U.S. EPA REGION 10 OFFICE OF WATER </div> </div> </div>		
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____/ml. E.coli _____/100ml. Total Coliform _____/100ml. Fecal Coliform _____/100ml.		
Method Code: <div style="font-size: 1.5em; font-family: cursive;">MICR- 2 7 2 0</div>		Date and Time Received: <div style="font-size: 1.5em; font-family: cursive;">6-20-07 10:10AM</div>
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">6-20-07</div>		Date Reported: <div style="font-size: 1.5em; font-family: cursive;">6-21-07</div>
092 <div style="font-size: 1.5em; font-family: cursive;">06587</div> Sample Number (DOH number plus five digits)		Lab Use Only: <div style="font-family: cursive;">BMP</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">6/6/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">10:06</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <u>NTNC</u>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u>		
System Name: <u>7 CEDARS CASINO</u>		
Contact Person: <u>VICKIE CARROLL</u>		
Day Phone: () <u>681-4659</u>		Cell Phone: ()
Eve. Phone: () <u>582-9049</u>		FAX: ()
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD Blyn Hwy</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>J BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-01 RAW WATER TECH ROOM</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input checked="" type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;"> S O I </div>		
<small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold; font-size: 1.2em;"> RECEIVED JUN 13 2007 U.S. EPA REGION 10 OFFICE OF WATER </div> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform <u><1</u> /100ml.		
Method Code: <u>MICR-1140</u> <u>MICR-2720</u>		Date and Time Received: <u>6-6-07 12:00pm</u>
Date Analyzed: <u>6-6-07</u>		Date Reported: <u>6-7-07</u>
092 <u>06462</u> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <u>3MAP</u>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">6/6/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:56</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public XXXX-XXXX		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u>		
System Name: <u>7 CEDARS CASINO</u>		
Contact Person: <u>VICKIE CARROLL</u>		
Day Phone: () <u>681-4659</u>		Cell Phone: ()
Eve. Phone: () <u>582-9049</u>		FAX: ()
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD Blyn Hwy</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>J BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-05 main FAUCET (SINK BAR)</u>		
Special instructions or comments:		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> S </div>		
<small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
<input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; text-align: center; margin: 10px 0;"> <div style="font-size: 2em; font-family: cursive; color: red;">RECEIVED</div> <div style="font-size: 1.2em; color: blue;">JUN 13 2007</div> </div> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <u>MICR- 2 7 2 0 _ _</u>		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">6-6-07 12:00 pm</div>
Date Analyzed: <u>6-6-07</u>		Date Reported: <u>6-7-07</u>
092 <u>06463</u> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <u>Bmr</u>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.2em; font-family: cursive;">5/16/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.2em; font-family: cursive;">9:20</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.2em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <div style="font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.2em; font-family: cursive;">I H 3 8 2 6</div>		
System Name: <div style="font-size: 1.2em; font-family: cursive;">7 CEDARS CASINO</div>		
Contact Person: <div style="font-size: 1.2em; font-family: cursive;">VICKIE CAROLL</div>		
Day Phone: () <div style="font-size: 1.2em; font-family: cursive;">683-4659</div> Cell Phone: ()		
Eve. Phone: () <div style="font-size: 1.2em; font-family: cursive;">582-7049</div> FAX: ()		
Send results to: (Print full name, address and zip code) <div style="font-size: 1.2em; font-family: cursive;">VICKIE CARROLL</div> <div style="font-size: 1.2em; font-family: cursive;">1033 OLD Blyn Hwy</div> <div style="font-size: 1.2em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.2em; font-family: cursive;">J BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em; font-family: cursive;">CA-03 main KITCHEN SINK</div>		
Special instructions or comments: <div style="font-size: 1.2em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; display: inline-block; padding: 2px 10px; margin-top: 10px;">S</div>		
<small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; margin-top: 10px; text-align: center;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px; color: red;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; color: blue;">MAY 23 2007</div> </div> Test unsuitable because: <input type="checkbox"/> TNTC <div style="font-size: 0.8em; color: red; font-weight: bold;">U.S. EPA REGION 10 OFFICE OF WATER</div> <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ </div> </div>		
Bacterial Density Results: Plate Count _____/ml. E.coli _____/100ml. Total Coliform _____/100ml. Fecal Coliform _____/100ml.		
Method Code: MICR- 2 7 2 0		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">5-16-07 950AM</div>
Date Analyzed: <div style="font-size: 1.2em; font-family: cursive;">5-16-07</div>		Date Reported: <div style="font-size: 1.2em; font-family: cursive;">5-17-07</div>
092 <div style="font-size: 1.2em; font-family: cursive;">06245</div> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <div style="font-family: cursive;">BMP</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 5/2/07 Month Day Year	Time Sample Collected 9:49 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	---	--------------------------

Type of Water System (check only one box)

☐ Group A Public ☐ Private Household

☐ Group B Public ☒ Other **NTAC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **VICKIE CARROLL**

Day Phone: () **681-4659** Cell Phone: ()

Eve. Phone: () **582-9049** FAX: ()

Send results to: (Print full name, address and zip code)

VICKIE CARROLL
1033 OLD Blyn Hwy
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **J BECKER**

Specific location where sample collected (address or sample site, and type of faucet):
CA-01 RAW WATER TAP

Special instructions or comments:
*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input type="checkbox"/> Routine Distribution Sample</p> <p>Provide information below.</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</p> <p>Provide information below.</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. <input checked="" type="checkbox"/> Raw Water Source Sample</p> <p>Required for Surface Water, GWI, and some Spring Sources</p> <p>S O I</p> <p>Public Systems must provide Source Number from (WFI)</p>	

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<p><input type="checkbox"/> Unsatisfactory</p> <p>Total Coliform Present and</p> <p><input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent</p> <p><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</p>	<p><input type="checkbox"/> Satisfactory</p>
--	--

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours) ☐ TNTC

☐ Improper Container ☐ Turbid culture

☐ _____ ☐ _____

Bacterial Density Results: Plate Count _____/ml. E.coli _____/100ml.

Total Coliform _____/100ml. Fecal Coliform **<1** _____/100ml.

Method Code: **MICR-1140**
MICR-2720

Date Analyzed: **5-2-07** Date and Time Received: **5-2-07 12:30pm**

Date Reported: **5-3-07**

Lab Use Only: **BMP**

092 **06107**
Sample Number (DOH number plus five digits)

Clallam County Environmental Health
223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/2/07 Month Day Year	Time Sample Collected 9:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other NTAC					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6					
System Name: 7 CEDARS CASINO					
Contact Person: VICKIE CARROLL					
Day Phone: () 681-4659		Cell Phone: ()			
Eve. Phone: () 582-9049		FAX: ()			
Send results to: (Print full name, address and zip code) VICKIE CARROLL 1033 OLD Blyn Hwy SEQUIM WA 98382					
SAMPLE INFORMATION					
Sample collected by (name): J BECKER					
Specific location where sample collected (address or sample site, and type of faucet): CA-06 WOMENS BATHROOM					
Special instructions or comments: * BILL TO JAMESTOWN TAIBE					
Type of Sample (must check only one box of #1 through #4 listed below)					
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____		2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public Systems must provide Source Number from (WFI)</small>		S			
S					
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input checked="" type="checkbox"/> Satisfactory Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____			
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.					
Method Code: MICR- 2 7 2 0		Date and Time Received: 5-2-07 12:30 PM			
Date Analyzed: 5-2-07		Date Reported: 5-3-07			
092 06102 Sample Number (DOH number plus five digits)		Lab Use Only: BMP			

Clallam County
Environmental Health
223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 4 / 4 / 07	TIME COLLECTED 10 : 21 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME CLALLAM
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. I H 3 8 2 6 CIRCLE GROUP A B ntnc	
NAME OF SYSTEM 7 CEDARS CASINO		

SPECIFIC LOCATION WHERE SAMPLE COLLECTED RAW WATER CA-01 (TECH ROOM)	TELEPHONE NO. DAY () 681-4659 EVENING () 582-9049
SAMPLE COLLECTED BY: (Name) J BECKER	SYSTEM OWNER/MGR: (Name) A NESSE

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)
VICKIE CARROLL
1033 OLD Blyn Hiway
SEQUIM WA 98382 WASHINGTON

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input checked="" type="checkbox"/> RAW SOURCE WATER	Source # S 01 <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) _____	

REMARKS:

method 9222D
* BILL TO JAMESTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input type="checkbox"/> SATISFACTORY Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100 ml FECAL COLIFORM <1 /100 ml	E. COLI _____ /100 ml PLATE COUNT _____ /ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-05914	DATE, TIME RECEIVED 4/4/07 12:20p	PM
DATE REPORTED 4-5-07	LABORATORY: BML	

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

108

Date Sample Collected 4/4/07 Month Day Year	Time Sample Collected 10:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	--	--------------------------

Type of Water System (check only one box)

☒ Group A Public ☐ Private Household

☐ Group B Public ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 4** **NTNC**

System Name: **7 CEDARS CASINO**

Contact Person: **VICKIE CARROLL**

Day Phone: () **681-4659** Cell Phone: ()

Eve. Phone: () **582-9049** FAX: ()

Send results to: (Print full name, address and zip code)

VICKIE CARROLL

1033 OLD BLYN HIWAY

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **J BECKER**

Specific location where sample collected (address or sample site, and type of faucet):

CA-03 main kitchen sink

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Provide information below.

Chlorinated: Yes _____ No ☒

Chlorine Residual: Total _____ Free _____

3. ☐ **Raw Water Source Sample**

Required for Surface Water, GWI, and some Spring Sources

S ☐ ☐

Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ **Unsatisfactory**

Total Coliform Present and

☐ E.coli present ☐ E.coli absent

☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Replacement Sample Required**

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐ _____

Test unsuitable because

☐ TNTC

☐ Turbid culture

☐ _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2 7 2 0

Date Analyzed: **4-4-07**

092 **05913**

Sample Number (DOH number plus five digits)

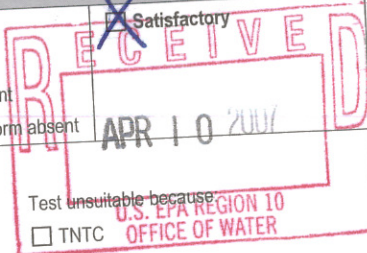
DOH Form #331-319 (revised 8/05)

Date and Time Received:

4/4/07 12:20 p.m.

Date Reported: **4-5-07**

Lab Use Only: **BUN**



Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

0108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">3 22 07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">10 29</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u>		
System Name: <u>7 CEDARS Casino main KITCHEN</u>		
Contact Person: <u>VICKIE CARROLL</u>		
Day Phone: () <u>683-4659</u>		Cell Phone: () _____
Eve. Phone: () <u>582-9049</u>		FAX: () _____
Send results to: (Print full name, address and zip code) <u>VICKIE CARROLL</u> <u>1033 OLD Blyn Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>J BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-0305 MAIN KITCHEN</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;">S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; text-align: center;"> </div> </div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; margin-top: 10px; text-align: center;"> <div style="font-size: 2em; font-weight: bold; color: red; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; color: blue; margin-top: 5px;">MAR 27 2007</div> <div style="font-size: 0.8em; color: red; margin-top: 5px;">U.S. EPA REGION 10 OFFICE OF WATER</div> </div> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ </div> </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0		Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">3-22-07 11:00AM</div>
Date Analyzed: <u>3-22-07</u>		Date Reported: <u>3-23-07</u>
092 <u>05846</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>Blue</u>

**Clallam County
Environmental Health**

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

8

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 3 / 5 / 07		TIME COLLECTED 10 : 27 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME CLALLAM						
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. NO. <table border="1"><tr><td>I</td><td>H</td><td>3</td><td>8</td><td>2</td><td>6</td></tr></table> CIRCLE GROUP A B		I	H	3	8	2	6
I	H	3	8	2	6				

NAME OF SYSTEM SEVEN CEDARS CASINO	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-01 RAW WATER TAP	TELEPHONE NO. DAY () 681-4659 EVENING () 582-9049
SAMPLE COLLECTED BY: (Name) J BECKER	SYSTEM OWNER/MGR: (Name) A NESSE

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE
☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)
VICKIE CARROLL
1033 OLD Blyn Hiway
SEQUIM WA 98382 WASHINGTON

TYPE OF SAMPLE (check only one in this column)				
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____			
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____			
<input checked="" type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> OTHER (Specify) _____	Source # <table border="1"><tr><td>S</td><td>0</td><td>1</td></tr></table> <input type="checkbox"/> Total Coliform <input checked="" type="checkbox"/> Fecal Coliform	S	0	1
S	0	1		

REMARKS:
* BILL TO JAMESTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input type="checkbox"/> SATISFACTORY Coliforms absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____/100 ml FECAL COLIFORM <1 /100 ml	E. COLI _____/100 ml PLATE COUNT _____/ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-05657	DATE, TIME RECEIVED 3-5-07 12:25 PM	Urine
DATE REPORTED 3-6-07	LABORATORY: B440	

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy

**Clallam County
Environmental Health**
223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS
SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR <u>3 / 5 / 07</u>		TIME COLLECTED <u>10 : 36</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME <u>CLALLAM</u>						
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. NO. <table border="1"><tr><td>I</td><td>H</td><td>3</td><td>8</td><td>2</td><td>6</td></tr></table> CIRCLE GROUP A B		I	H	3	8	2	6
I	H	3	8	2	6				

NAME OF SYSTEM

SEVEN CEDARS CASINO

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA-05

TELEPHONE NO.

DAY () 681-4659

EVENING () 582-9049

SAMPLE COLLECTED BY: (Name)

J BECKER

SYSTEM OWNER/MGR: (Name)

A NESSER

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL

1033 OLD Blyn Highway

SEQUIM WA 98382

WASHINGTON

TYPE OF SAMPLE

(check only one in this column)

☒ ROUTINE
DRINKING WATER
check treatment

☐ Chlorinated (Residual: Total Free)

☐ Filtered

☐ Untreated or Other

☐ REPEAT SAMPLE
Previous coliform presence

Lab #
Date

☐ RAW SOURCE WATER
☐ NEW CONSTRUCTION or REPAIRS
☐ OTHER (Specify)

Source # S

☐ Total Coliform
☐ Fecal Coliform

REMARKS:

* BILL TO JAMSTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, coliforms present
REPEAT ☐ E. Coli present ☐ E. Coli absent
SAMPLES ☐ Fecal present ☐ Fecal absent
REQUIRED

☒ SATISFACTORY
Coliforms absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM /100 ml

E. COLI /100 ml

FECAL COLIFORM /100 ml

PLATE COUNT /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

TEST UNSUITABLE BECAUSE:

- ☐ Sample too old
☐ Wrong container
☐ Incomplete form
☐

- ☐ Confluent growth
☐ TNTC
☐ Turbid culture
☐ Excess debris

**U.S. EPA REGION 10
OFFICE OF WATER**

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <u>092-05656</u>	DATE, TIME RECEIVED <u>3-5-07, 12:25 PM</u>	<u>WMS</u>
DATE REPORTED <u>3-6-07</u>	LABORATORY: <u>BW</u>	

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy

**Clallam County
Environmental Health**

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 2 / 20 / 07	TIME COLLECTED 9 : 10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME CLALLAM
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. I H 3 8 2 6 CIRCLE GROUP A B NTNC	

NAME OF SYSTEM

7 CEDARS CASINO

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA-03

TELEPHONE NO.

DAY () **683-4659**

main kitchen sink

EVENING () **582-9049**

SAMPLE COLLECTED BY: (Name)

J BECKER

SYSTEM OWNER/MGR: (Name)

A. NESSE

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL

1033 OLD Blyn Hwy

SEQUIM WA 98382

WASHINGTON

TYPE OF SAMPLE

(check only one in this column)

☒ ROUTINE DRINKING WATER → ☐ Chlorinated (Residual: Total Free)
☒ Filtered
☐ Untreated or Other

☐ REPEAT SAMPLE
Previous coliform presence

Lab # _____
Date _____

☐ RAW SOURCE WATER
☐ NEW CONSTRUCTION or REPAIRS
☐ OTHER (Specify) _____

Source # **S** ☐ Total Coliform
☐ Fecal Coliform

REMARKS:

*** BILL TO JAMESTOWN TRIBE**

(LAB USE ONLY) DRINKING WATER RESULTS

<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
---	--

OTHER LABORATORY RESULTS

TOTAL COLIFORM _____/100 ml	E. COLI _____/100 ml
FECAL COLIFORM _____/100 ml	PLATE COUNT _____/ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
---	---

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-05591	DATE, TIME RECEIVED 2-20-07 10:30AM
DATE REPORTED 2-21-07	LABORATORY: BWS

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

0108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 2/6/07 Month Day Year	Time Sample Collected 9:53 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
--	---	--------------------------

Type of Water System (check only one box)

- ☐ Group A Public
☐ Group B Public

☐ Private Household

☒ Other **NTNC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 Cedars Casino**

Contact Person: **Vickie Carroll**

Day Phone: () **6314659** Cell Phone: ()

Eve. Phone: () **5829049** FAX: ()

Send results to: (Print full name, address and zip code)

VICKIE CARROLL

1033 OLD BLYN HWY

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name):

J Becker

Specific location where sample collected (address or sample site, and type of faucet):

CAD6 women's washroom

Special instructions or comments:

BLU JAMESTOWN TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes _____ No ☒

Chlorine Residual: Total _____ Free _____

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

2. ☐ Repeat Sample (follow-up

to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

4. ☐ Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐ _____

Test unsuitable because:

☐ TNTC

☐ Turbid culture

☒ _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2 7 2 0

Date Analyzed: **2-6-07**

092 **05467**

Sample Number (DOH number plus five digits)

Date and Time Received:

2-6-07 12:40PM

Date Reported: **2-7-07**

Lab Use Only: **1644**

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

0108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">2/6/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">10:06</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-weight: bold;">Clallam</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 Cedar Canyon		
Contact Person: VICKIE CARROLL		
Day Phone: () 6814659		Cell Phone: ()
Eve. Phone: () 5829049		FAX: ()
Send results to: (Print full name, address and zip code) VICKIE CARROLL 1033 OLD BLYN HWY SEQUIM WA 98382		
SAMPLE INFORMATION		
Sample collected by (name): J Becker		
Specific location where sample collected (address or sample site, and type of faucet): CA-01 raw water tap (fountain)		
Special instructions or comments: BILL JAMESTOWN TRIBE		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input checked="" type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 1.2em; font-weight: bold;">S O I</div> <small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ <div style="border: 2px solid red; padding: 5px; transform: rotate(-2deg); color: red; font-weight: bold; font-size: 1.2em;"> RECEIVED FEB 12 2007 U.S. EPA REGION 10 OFFICE OF WATER </div>
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform <1 /100ml.		
Method Code: MICR-1140 MICR-2720		Date and Time Received: 2-6-07 12:40PM
Date Analyzed: 2-6-07		Date Reported: 2-7-07
092 05464 <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: mm

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

108
Aug

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1 17 07 Month Day Year	Time Sample Collected 9:43 <input type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
---	--	--------------------------

Type of Water System (check only one box)

☐ Group A Public

☐ Private Household

☐ Group B Public

☒ Other **NTNL**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **1 H 3 8 2 6**

System Name: **7 Coolers Casino**

Contact Person: **Vickie Carroll**

Day Phone: () **6814659** Cell Phone: ()

Eve. Phone: () **5829019** FAX: ()

Send results to: (Print full name, address and zip code)

Vickie Carroll
1033 Old Blyn Hwy
Sequim WA 98382

SAMPLE INFORMATION

Sample collected by (name): **J Becker**

Specific location where sample collected (address or sample site, and type of faucet):

LA-01 **raw water tap**

Special instructions or comments:

*** BLUE AMISTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☐ Routine Distribution Sample

Provide information below.

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

3. ☒ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

SD1 **fecal**

Public Systems must provide Source Number from (WFI)

2. ☐ Repeat Sample (follow-up to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number: _____

Unsatisfactory routine collect date: _____

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Construction ☐ Repairs ☐ Private Residence ☐ Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

Test unsuitable because:

☐ TNTC

☐ Turbid culture

**U.S. EPA REGION 10
OFFICE OF WATER**

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform **<1** /100ml.

Method Code: **MICR-1140**
MICR-2720

Date and Time Received:

1-17-07 12:10

Date Analyzed: **1-17-07**

Date Reported: **1-17-07**

092 **05312**

Lab Use Only: **But**

Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

108

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1/17/07 Month Day Year	Time Sample Collected 9:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
---	---	--------------------------

Type of Water System (check only one box)

- ☐ Group A Public
☐ Group B Public

☐ Private Household

☒ Other

NTNCL

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **1 H 3 8 2 6**

System Name:

7 Cedar Creek

Contact Person:

Vicki Carroll

Day Phone: ()

6814659

Cell Phone: ()

Eve. Phone: ()

5329018

FAX: ()

Send results to: (Print full name, address and zip code)

Vicki Carroll

1033 Old Blm Hwy

Sequim WA 98342

SAMPLE INFORMATION

Sample collected by (name):

J Becker

Specific location where sample collected (address or sample site, and type of faucet):

CA-03 main kitchen sink

Special instructions or comments:

*** BLUE JARKESTON TAP**

Type of Sample (must check only one box of #1 through #4 listed below)

☒ 1. Routine Distribution Sample

Provide information below.

Chlorinated: Yes _____ No ☒

Chlorine Residual: Total _____ Free _____

☐ 3. Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

☐ 4. Sample Collected for Information Only

Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

Test unsuitable because:

☐ TNTC

☐ Turbid culture

**U.S. EPA REGION 10
OFFICE OF WATER**

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2 7 2 0

Date Analyzed:

1-18-07

092 05313

Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

Date and Time Received:

1-17-07 12:10

Date Reported:

1-18-07

Lab Use Only:

MBW

Clallam County Environmental Health223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334*guf***COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>1/17/07</u> Month Day Year	Time Sample Collected <u>9:55</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>			
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <u>NTN</u>					
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>1 H 3 8 2 6</u> System Name: <u>7 Cedar Green</u> Contact Person: <u>Vicki Corbin</u> Day Phone: () <u>631-9659</u> Cell Phone: () _____ Eve. Phone: () <u>532-9015</u> FAX: () _____ Send results to: (Print full name, address and zip code) <u>Vicki Corbin</u> <u>1033 Old Bho Hwy</u> <u>Sequim WA 98282</u>					
SAMPLE INFORMATION					
Sample collected by (name): <u>J. Becker</u>					
Specific location where sample collected (address or sample site, and type of faucet): <u>1033 main kitchen sink</u>					
Special instructions or comments: <u>* BILE JAR LIES - TR. SE</u>					
Type of Sample (must check only one box of #1 through #4 listed below)					
1. <input type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <table border="1" style="width:100%"><tr><td style="width:33%"><u>S</u></td><td style="width:33%"> </td><td style="width:33%"> </td></tr></table> <small>Public Systems must provide Source Number from (WFI)</small>	<u>S</u>				
<u>S</u>					
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____					
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY					
<div style="display:flex; justify-content:space-between;"><div><input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</div><div><input checked="" type="checkbox"/> Satisfactory</div></div>					
<div style="display:flex; justify-content:space-between;"><div><input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____</div><div style="border:2px solid red; padding:10px; text-align:center;">RECEIVED JAN 23 2007 U.S. EPA REGION 10 OFFICE OF WATER m E.coli</div><div><input type="checkbox"/> Test unsuitable because: <input type="checkbox"/> Turbidity <input type="checkbox"/> Turbid culture</div></div>					
Bacterial Density Results: Plate Count _____ /100ml. Fecal Coliform _____ /100ml.					
Total Coliform _____ /100ml.					
Method Code: MICR- 2 7 2 0 _ _		Date and Time Received: <u>1-17-07 17:10</u>			
Date Analyzed: <u>1-18-07</u>		Date Reported: <u>1-18-07</u>			
Sample Number (DOH number plus five digits) <u>092 5313</u>		Lab Use Only: <u>guf</u>			

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; margin-top: 10px;">1/17/07</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; margin-top: 10px;">9:43</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; margin-top: 10px;">Clallam</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input checked="" type="checkbox"/> Other <u>NTN</u> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>1 H 3 8 4 0</u> System Name: <u>7 Coastal Casino</u> Contact Person: <u>Vicki Carlson</u> Day Phone: () <u>6614659</u> Cell Phone: () Eve. Phone: () <u>5829219</u> FAX: () Send results to: (Print full name, address and zip code) <u>Vicki Carlson</u> <u>1233 212 Blyn Hwy</u> <u>Sequim WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>J Becker</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>41-01 raw water tap</u>		
Special instructions or comments: <u>* Bitter Lake AMSTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <u>SPI</u> <u>fecal</u> </div> Public Systems must provide Source Number from (WFI): _____		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input checked="" type="checkbox"/> <u>NTN</u> <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
<div style="border: 2px solid red; padding: 10px; display: inline-block;"> RECEIVED JAN 23 2007 U.S. EPA REGION 10 OFFICE OF WATER </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform <u><1</u> /100ml.		
Method Code: <u>MICR-1140</u> <u>MICR-2720</u>		Date and Time Received: <u>1-17-07 12:10</u>
Date Analyzed: <u>1-17-07</u>		Date Reported: <u>1-17-07</u>
<u>092 05312</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>but</u>

Clallam County
Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

108

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 11/10/07	TIME COLLECTED 9:15 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. 11A3826	CIRCLE GROUP A B NTNC

NAME OF SYSTEM

7 Cedar, Casin

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

CA-01

raw water tap

TELEPHONE NO.

DAY () 6814659

EVENING () 5829049

SAMPLE COLLECTED BY: (Name)

J Becker

SYSTEM OWNER/MGR: (Name)

A Nesser

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)

VICKIE CARROLL

1033 OLD BLYN HWY

SEQUIM

WASHINGTON 98382

TYPE OF SAMPLE

(check only one in this column)

☐ ROUTINE
DRINKING WATER
check treatment

☐ Chlorinated (Residual: 3 Total 3 Free)
☐ Filtered
☐ Untreated or Other

☐ REPEAT SAMPLE
Previous coliform presence

Lab #
Date

☒ RAW SOURCE WATER
☐ NEW CONSTRUCTION or REPAIRS
☐ OTHER (Specify)

Source # S 01 ☐ Total Coliform
☒ Fecal Coliform

REMARKS:

+ BILL JAMESTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, coliforms present
REPEAT ☐ E. Coli present ☐ E. Coli absent
SAMPLES ☐ Fecal present ☐ Fecal absent
REQUIRED

☐ SATISFACTORY
Coliforms absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM 1 /100 ml E. COLI 1 /100 ml
FECAL COLIFORM 1 /100 ml PLATE COUNT 1 /ml

method
9222D

SAMPLE NOT TESTED BECAUSE:

TEST UNSUITABLE BECAUSE:

☐ Sample too old
☐ Wrong container
☐ Incomplete form
☐

☐ Confluent growth
☐ TNTC

U.S. EPA REGION 10
OFFICE OF WATER

Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-05277	DATE, TIME RECEIVED 1-10-06 11:40AM	LABORATORY: vms
DATE REPORTED 1-11-07 LM		

WHITE - DP Center Copy

BLUE - Laboratory Copy

GREEN - Water Supplier Copy

**Clallam County
Environmental Health**

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION; READ INSTRUCTIONS THOROUGHLY

DATE COLLECTED MONTH DAY YEAR 1 / 10 / 07	TIME COLLECTED 9 : 25 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Clallam
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. NO. TH3826	
		CIRCLE GROUP A B NTNC

NAME OF SYSTEM 7 Cedar Casino	SPECIFIC LOCATION WHERE SAMPLE COLLECTED CA-03 main kitchen area	TELEPHONE NO. DAY () 6814659 EVENING () 5829049
SAMPLE COLLECTED BY: (Name) J Becker		SYSTEM OWNER/MGR: (Name) A Nose

SOURCE TYPE ☐ GROUND WATER UNDER SURFACE INFLUENCE

☐ SURFACE ☒ WELL or ☐ SPRING ☐ PURCHASED or ☐ COMBINATION
WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print full Name, Address and Zip)
VICKIE CARROLL
1033 OLD BLYN HWY
SEQUIM WASHINGTON 98382

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER	Source # S <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> OTHER (Specify) _____	

REMARKS:
* BILL JAMESTOWN TRIBE

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____/100 ml	E. COLI _____/100 ml
FECAL COLIFORM _____/100 ml	PLATE COUNT _____/ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 092-05278	DATE, TIME RECEIVED 1-10-06 11:40AM Wms
DATE REPORTED 1-11-07 LM	LABORATORY:

WHITE - DP Center Copy BLUE - Laboratory Copy GREEN - Water Supplier Copy